

# PROFESSIONALLY SPEAKING...

## LET'S TALK ABOUT COLORECTAL CANCER SCREENING

Colorectal cancer is the third most common type of non-skin cancer in both men and women and the second leading cause of cancer death in the United States after lung cancer.

The symptoms of colorectal cancer include rectal bleeding, abdominal pain, constipation, obstructive symptoms, weight loss, or anemia, though there may be no symptoms at all. The prognosis tends to be worse in symptomatic individuals. You should promptly see your doctor if you experience symptoms.

The average age to develop colorectal cancer is 70 years, and 93% of cases occur in persons 50 years of age or older. A person whose only risk factor is their age is at average risk. If a person has a history of two or more first-degree relatives with colorectal cancer, or any first-degree relatives diagnosed under age 60, the overall colorectal cancer risk is three to six times higher than that of the general population. Those with one first-degree relative diagnosed with colorectal cancer at age 60 or older have an approximate two times greater risk.

A well-documented family history of pre-cancerous polyps is also an important risk factor. Persons who have had colorectal cancer or pre-cancerous polyps removed are at increased risk of developing additional polyps or cancers. Women diagnosed with uterine or ovarian cancer before age 50 are at increased risk of colorectal cancer.

Colorectal cancer usually starts from polyps, some of which can turn into cancer without producing any symptoms over time (years). Screening tests can find polyps, which can be removed. This prevents the development of colorectal cancer. Screening tests also can find colorectal



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cancer early when the chance of being cured is good. That is why screening is so important.

According to the Centers for Disease Control, if everyone age 50 or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. The strategy for reducing colorectal cancer deaths is screening.

For average-risk individuals, it begins at age 50 and the preferred approach is a colonoscopy every 10 years. Special screening programs are used for individuals at high risk (for instance, those with a personal or family history of colorectal cancer or pre-cancerous polyps or a pre-disposing condition such as inflammatory bowel disease). For both average- and high-risk individuals, all potential pre-cancerous polyps must be removed.

Several tests are available for screening, including colonoscopy, fecal occult blood test, double contrast barium enema, sigmoidoscopy, CT colonography, and fecal DNA testing. During colonoscopy, your doctor can examine your entire colon and rectum, removing polyps if found. If anything unusual is found during other screening tests, colonoscopy is used as a follow-up test.

The bottom line is to talk with your doctor about screening (when to begin, what tests to have, and the frequency of testing). Many insurance plans and Medicare help pay for colorectal cancer screening tests. Colorectal cancer is preventable. Talk to your doctor about screening colonoscopy! It could save your life.



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